

Name
in
Full

Bulla R Coner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Hike		County Garrett		MARYLAND	
Date of death		1907	Month Sept	Day 12	Age 7	Months —	Days —
Sex Female		Color or Race White		Birth- place Maryland			
Occupation House work		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Jonas Coner		Father's Birthplace Pa					
Mother's Maiden Name Maud Buttler		Mother's Birthplace Md					
Name of person giving Information Jonas Coner		How related to deceased Father					

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	
Immediate	asphyxiation	How long	Two weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		H. P. Meyers M.D.	
Address		Markleysburg Pa	
Accident or Suicide?		9	

Blooming Rose

Name
in
Full

Elanora Coningham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

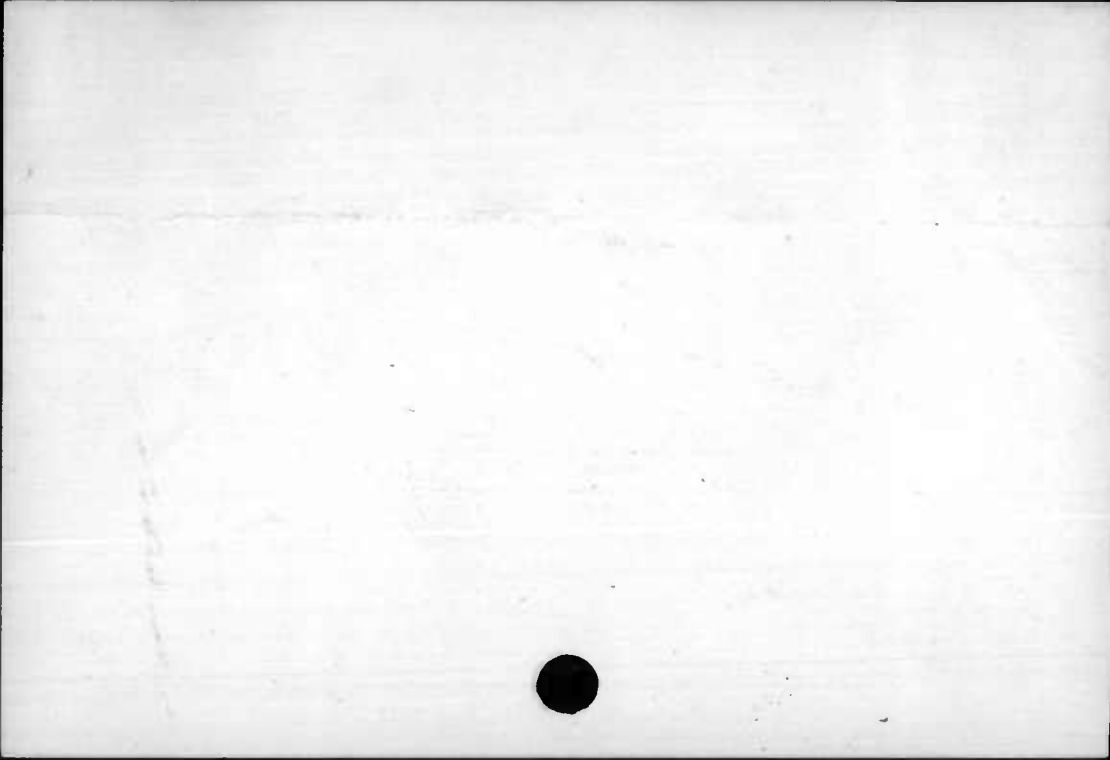
Died at <i>Bittern</i> ^{Town}		<i>Barred</i> ^{County}		MARYLAND	
Date of death	<i>1907</i>	Month	<i>Sept</i>	Day	<i>19</i>
Age	<i>85</i>	Years	<i>7</i>	Months	<i>18</i>
Sex	<i>Female</i>	Color of Race	<i>white</i>	Birth-place	<i>Ind</i>
Occupation	<i>House wife</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband	<i>William Coningham</i>		
Father's Name	<i>James H. Boyer</i>		Father's Birthplace	<i>unknown</i>	
Mother's Maiden Name	<i>Mary Oliver</i>		Mother's Birthplace	<i>unknown</i>	
Name of person giving information	<i>Mrs Geo. Ralston</i>		How related to deceased	<i>daughter</i>	

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<i>Senility</i>	How long	<i>1</i>
Immediate	<i>Acute Indigestion</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. R. Boyer M.D.</i>		
	Address <i>Accident</i>		
Accident or Suicide?	<i>Ind</i>		



Name
in
Full

Miss Lydia A. Deane

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Corceand</u> Town			County <u>Garrett</u>			MARYLAND		
Date of death <u>1907</u>		Month <u>Sept</u>	Day <u>1</u>	Age <u>80</u> Years		Months		Days
Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Chambersburg Pa</u>				
Occupation <u>nothing</u>				Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>				Name of Wife or Husband				
Father's Name				Father's Birthplace				
Mother's Maiden Name				Mother's Birthplace				
Name of person giving information <u>Thomas Flannigan</u>				How related to deceased				

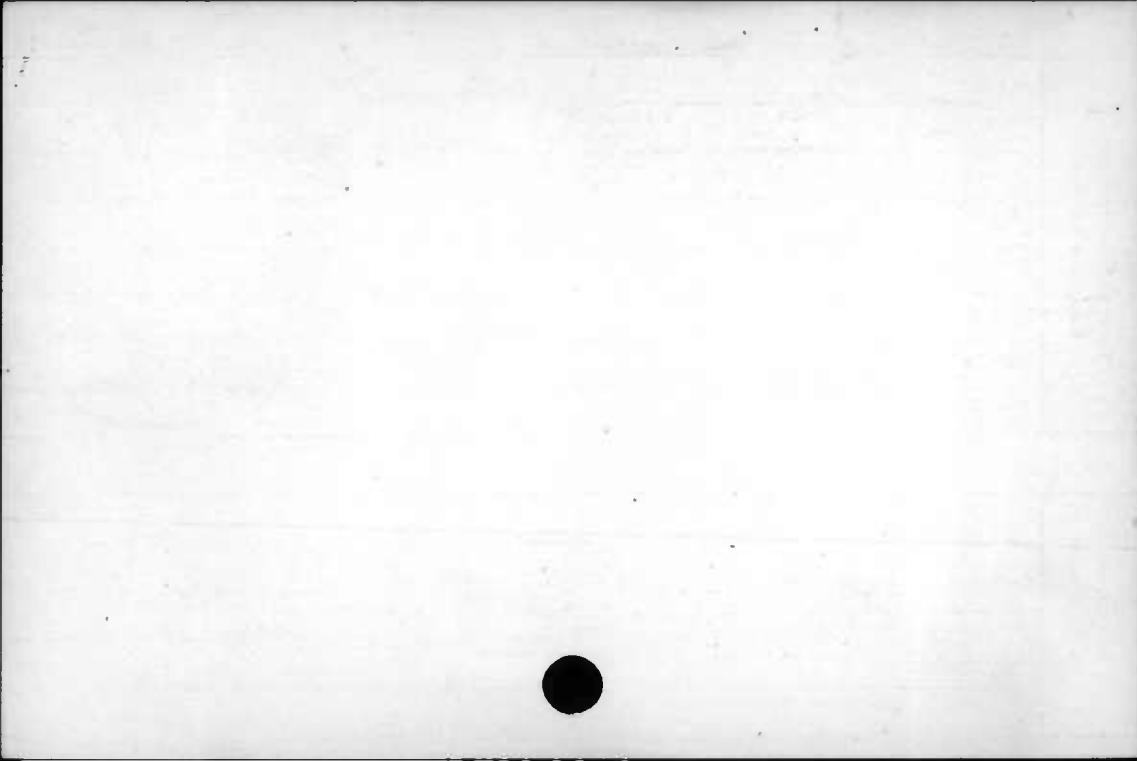
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Dysentery</u>	<u>14</u>	How long
Immediate <u>Dysentery</u>		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>M. C. Newbough</u>
		Address <u>Corceand</u>
Accident or Suicide? <u>No</u>		<u>md</u>



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Accident</i>				<i>Garrett</i>		MARYLAND			
		Date of death <i>1907</i>		Month <i>Sept</i>	Day <i>13</i>	Years <i>71</i>	Months		Days <i>7</i>		
		Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>W. Va.</i>					
		Occupation <i>Housewife</i>				Where Residing if not at place of death					
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Cecilia A. Dodge</i>							
		Father's Name <i>Joseph Smith</i>				Father's Birthplace <i>South Kansas</i>					
		Mother's Maiden Name <i>South Kansas</i>				Mother's Birthplace <i>South Kansas</i>					
		Name of person giving information <i>Joseph A. Dodge</i>				How related to deceased <i>Son</i>					
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary <i>Serious</i>				(154)		How long <i>6 mos.</i>			
		Immediate <i>Stroke</i>						How long			
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>H. R. Boyer M.D.</i>					
		<i>[Signature]</i>				Address <i>Accident</i>					
						<i>md.</i>					
		Accident or Suicide?									



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

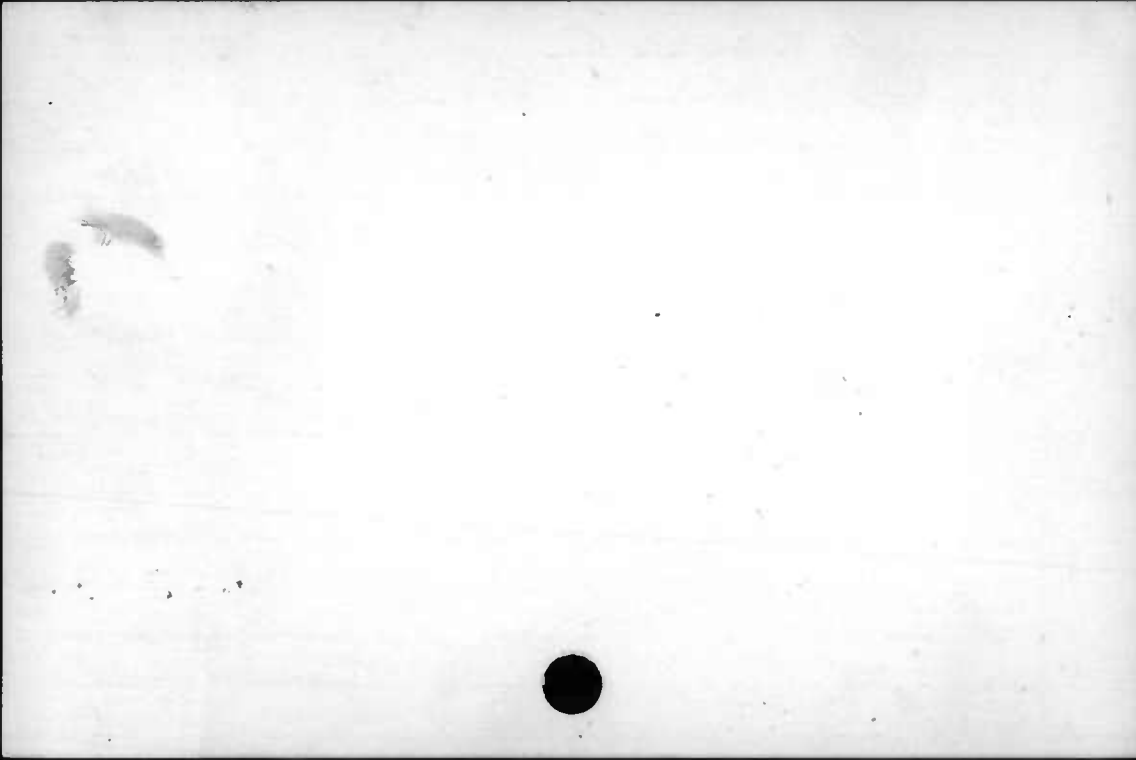
MARYLAND

Died at		Town		County	
Date of death		Month	Day	Years	Months
Sex		Color or Race		Birth-place	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace		Mother's Birthplace	
Mother's Maiden Name		How related to deceased			
Name of person giving information					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Germany</i> Town <i>Garrett</i> County		MARYLAND	
Date of death 190	7	Month	Sept
	20	Day	
Age	57	Years	
Months	1	Days	29
Sex	Male	Color or Race	White
Birth-place	New Jersey		
Married, Single or Widowed	Single	Occupation	Farmer
Name of Wife or Husband	Single		
Father's Name	Jacob Durot		
Father's Birthplace	New Jersey		
Mother's Maiden Name	Elizabeth Engle		
Mother's Birthplace	New Jersey		
Name of person giving information	Clarence Miller		
How related to deceased	Nephew		

CAUSES OF DEATH

47

PHYSICIAN
OR CORONER

Primary	Inflammatory Pharyngitis	How long	2 Months
Immediate	Epistaxis	How long	3 weeks
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. J. Robinson</i> Address <i>Grantville Mt.</i>		
Accident or Suicide?			

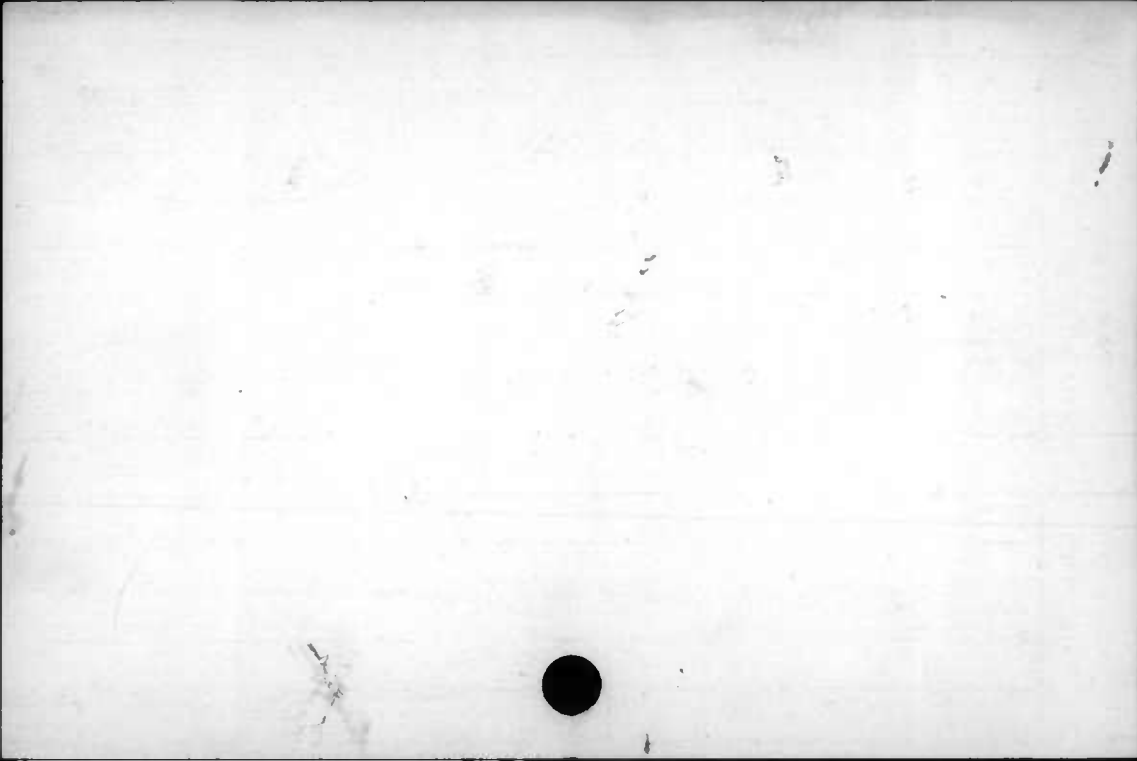


Name in Full		Sarah A Friend				CERTIFICATE OF DEATH	
Died at		Town		County		MARYLAND	
Date of death		Month		Day		Age	
1907		Sept		2		61	
Sex		Color or Race		Months		Days	
Female		White		4		21	
Occupation		Birth-place					
House wife		Maryland					
Where Residing if not at place of death							
Married, Single or Widowed		Name of Wife or Husband					
Married		R. E. Friend					
Father's Name		Father's Birthplace					
Pessie Twigg		Md					
Mother's Maiden Name		Mother's Birthplace					
Mary (Don't know)		Md					
Name of person giving information		How related to deceased					
R. E. Friend		Husband					

CAUSES OF DEATH		127	
Primary		How long	
Ulceration of Uterus		6 mo	
Immediate		How long	
Nervous Prostration		6 weeks	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		A. J. Mason M.D.	
		Address	
		Friendsville.	
		Md.	
Accident or Suicide?			

Hayes cemetery

Name in Full		TOWN				COUNTY		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at		John Knox		McHenry		Gorrell		MARYLAND		
	Date of death		1907	Sept	3	Age	63	Months	10	Days	17
	Sex		male		Color or Race		white		Birth-place		accident Md
	Occupation		Laborer		Where Residing if not at place of death						
	Married, Single or Widowed		Married		Name of Wife or Husband		Barbara E. Durst				
	Father's Name		Knox		Father's Birthplace		Not known				
	Mother's Maiden Name		Knox		Mother's Birthplace		Not known				
Name of person giving information		James Knox		How related to deceased		son					
CAUSES OF DEATH											
PHYSICIAN OR CORONER	Primary		Chronic nephritis				How long		24 years		
	Immediate		Nephritis with effusion				How long		6 mo.		
	Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician		D. R. Rayer, M.D.		
							Address		Accident Md.		
	Accident or Suicide?										



Name
in
Full

Paul James McMillan

CERTIFICATE OF DEATH

Died at Dick #11

Town

Garrett

County

MARYLAND

Date of death 1907 Sept-

Month

Day 11

Age

Years

Months

Days 22

Sex

Male

Color or
Race

White

Birth-
place

Dick #11 - Garrett.

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Hugh M. McMillan

Father's
Birthplace

Limaconing

Mother's
Maiden Name

Maria S. Clark

Mother's
Birthplace

Limaconing -

Name of person giving
information

Hugh M. McMillan

How related
to deceased

Father

CAUSES OF DEATH

Primary

Marasmus

105

How long

3 wks

Immediate

Enterocolitis Inanition

How long

3 wks

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

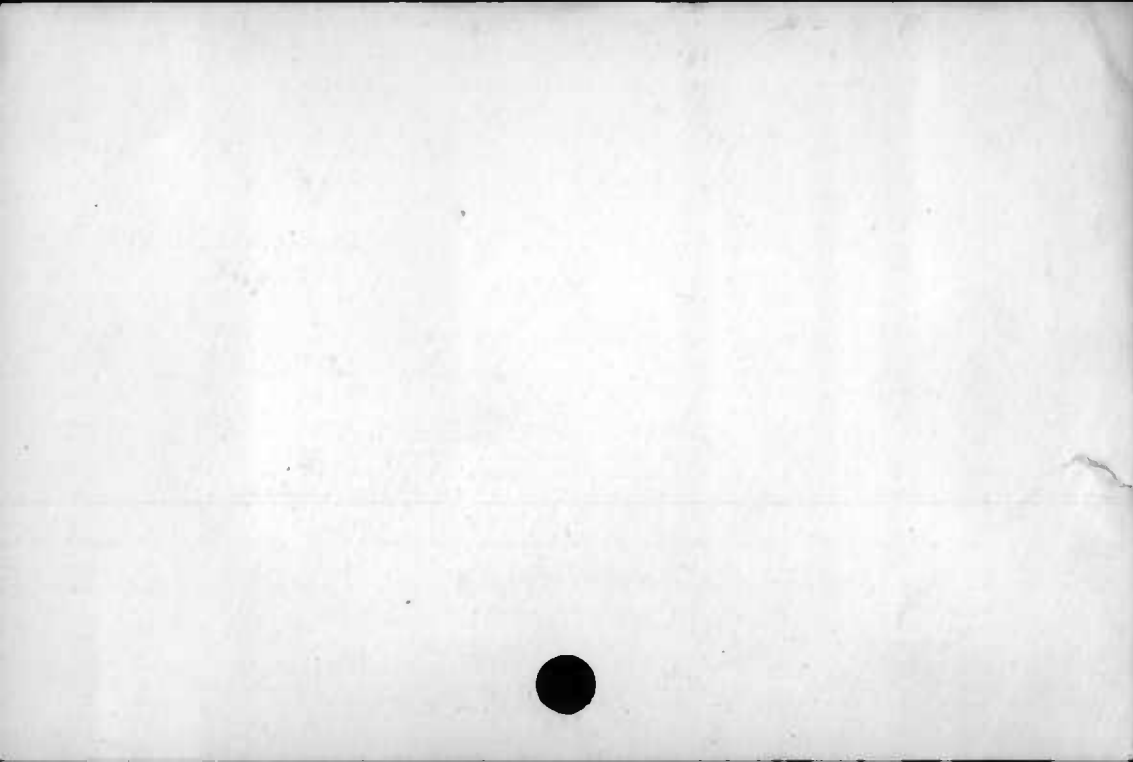
Address

James O. Bullock
Limaconing Maryland

Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Lewis Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Crantonville		County Garrett Co.		MARYLAND	
Date of death 190		7	Month Sept.	18	Day	31	Years
Sex		Male		Color or Race		White	
Married, Single or Widowed		Married		Occupation		Farmer	
Name of Wife or Husband Mary Miller							
Father's Name Levi Miller				Father's Birthplace Elk Lick Pa.			
Mother's Maiden Name Anilla Beechey				Mother's Birthplace " " "			
Name of person giving Information James Miller				How related to deceased Brother.			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever, Lobar Pneumonia	How long	8 days
Immediate	Stomach	How long	7 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		A. J. Robinson	
Address		Crantonville Ind.	
Accident or Suicide?		No	



Name
in
Full

Edward Frederick Cester

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Keyser		County Garrett		MARYLAND	
Date of death 190	7	Month Sept	Day 18	Age 4	Years 4	Months 2	Days 11
Sex	Male		Color or Race	White		Birth- place	Summit Co. Pa.
Married, Single or Widowed	Infant			Occupation Infant			
Name of Wife or Husband	Infant						
Father's Name	Cournot Cester					Father's Birthplace	Garrett Co.
Mother's Maiden Name	Loring Haupt					Mother's Birthplace	" "
Name of person giving In formation	John P. Miller					How related to deceased	None

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary	Strangulated Hernia		How long	4 day's
Immediate	of Gangrene		How long	2 1/2 hours
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		H. J. Robinson		
Address		Baltimore Md.		
Accident or Suicide?		No		



Name
in
Full

CERTIFICATE OF DEATH

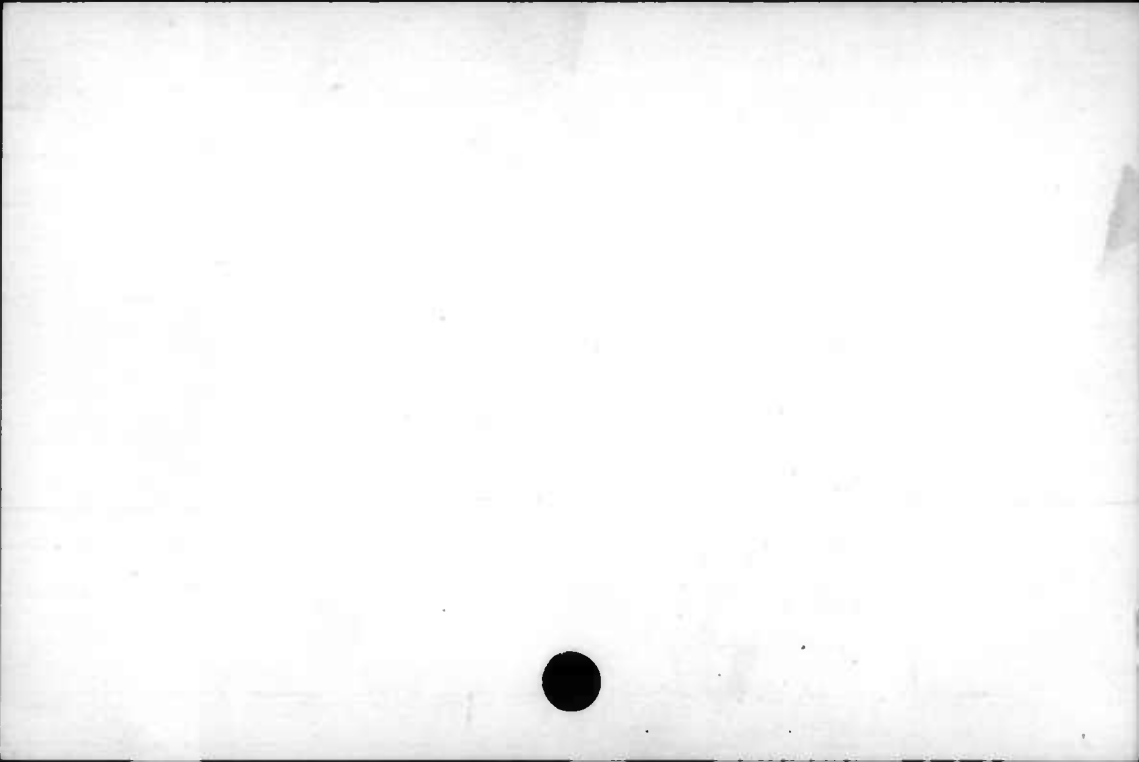
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Maud Clementine Patten</i>		Town <i>Bethany</i>		County <i>Garrett</i>		MARYLAND	
Died at <i>Bethany</i>		Date of death 190 <i>7</i>		Month <i>Sept</i>		Day <i>3</i>	
Age <i>no</i>		Years <i>no</i>		Months <i>6</i>		Days <i>16</i>	
Sex <i>Female</i>		Color of Race <i>White</i>		Birth-place <i>Bethany</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>Single</i>					
Name of Wife or Husband <i>Charley Patten</i>		Father's Name <i>Charley Patten</i>		Father's Birthplace <i>Keyser Md</i>			
Mother's Maiden Name <i>Susan Patten</i>		Mother's Birthplace <i>Hardy Va.</i>		How related to deceased <i>Father</i>			
Name of person giving information <i>Chas Patten</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cholera</i>	How long	<i>2 days</i>
Immediate	<i>Cholera Infantum</i>	How long	<i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>H. J. Robinson</i>
		Address	<i>Grantville</i>
Accident or Suicide?	<i>no</i>		<i>no</i>



Name
in
Full

Nina M Riley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

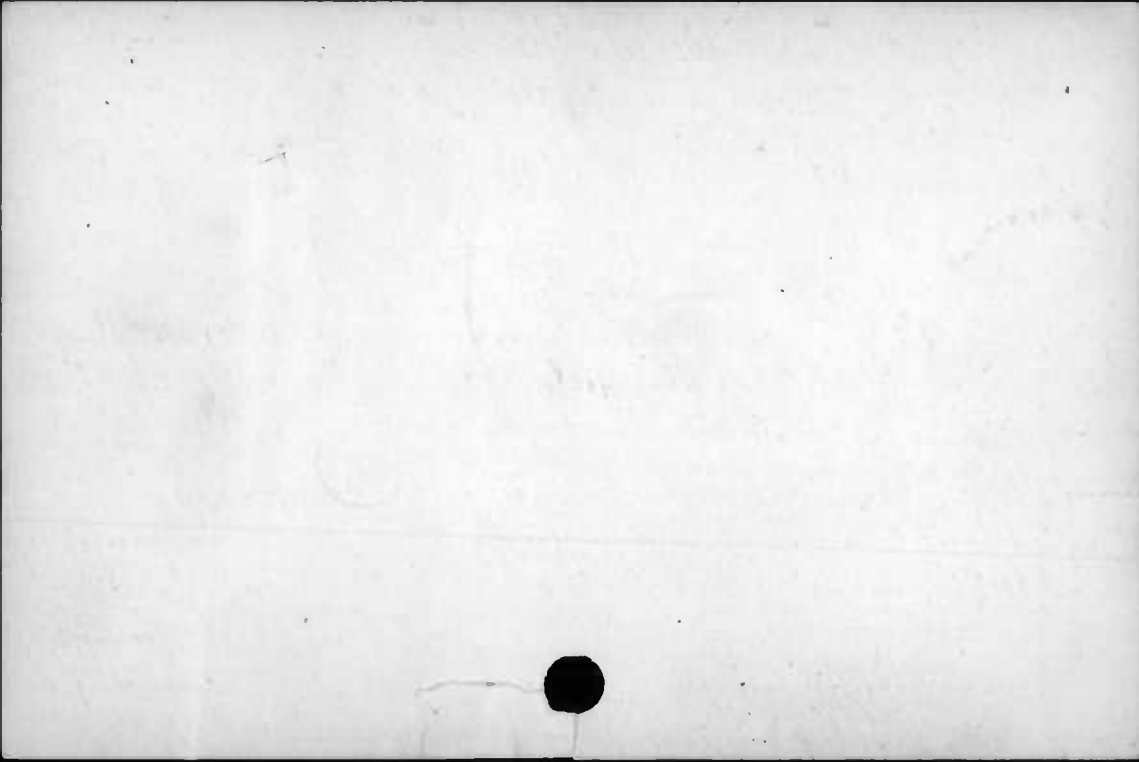
Died at <i>Curtis</i>		Town <i>Curtis</i>		County <i>Barnett</i>		MARYLAND	
Date of death	1907	Month	Oct	Day	24	Years	15
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Barnett Co</i>
Occupation	<i>None</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband				
Father's Name	<i>Dallas H Riley</i>					Father's Birthplace	<i>Barnett Co</i>
Mother's Maiden Name	<i>Rachel Lower</i>					Mother's Birthplace	<i>Barnett Co</i>
Name of person giving information	<i>Dallas Riley</i>					How related to deceased	<i>Father</i>

CAUSES OF DEATH

⑦

PHYSICIAN
OR CORONER

Primary	<i>Scarlet fever</i>	How long	<i>4 weeks</i>
Immediate	<i>Nephritis</i>	How long	<i>3 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>H. W. Mason</i>	
		Address	
		<i>Curtis</i>	
		<i>3rd</i>	
Accident or Suicide?			
<i>No</i>			



Name in Full		Barnard R Shartzler				CERTIFICATE OF DEATH	
		Town		County		MARYLAND	
Died near		Hoyes		Barrett			
Date of death		1907	Month	Sept	Day	24	Age
					Years	—	Months
						4	Days
						4	
Sex		male		Color or Race		White	
Occupation				Birth-place		Maryland	
				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		John H Shartzler				Father's Birthplace	
						Md	
Mother's Maiden Name		Lillia B. Savage				Mother's Birthplace	
						Md	
Name of person giving information		John H Shartzler				How related to deceased	
						Father	
		CAUSES OF DEATH				(105)	
Primary		Indigestion				How long	
						Six weeks	
Immediate		Cholera infantum				How long	
						4 days	
Are the name, age, sex, color, date and place correctly given above?		yes.		Signature of Physician		H. R. Boyer M.D.	
				Address		accident	
						Md	
Accident or Suicide?							

Sang Kun

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Name *Virginia Sines*

Died at *Sandy Run* Town *Garrett* County

Date of death *1907* Month *Sept* Day *3* Age *30* Years Months *4* Days

Sex *Female* Color or Race *White* Birth-place *W Va*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *married* Name of Wife or Husband *John. H. Sines*

Father's Name *Dont know* Father's Birthplace *Dont know*

Mother's Maiden Name *Dont know* Mother's Birthplace *Dont know*

Name of person giving information *John. H. Sines* How related to deceased *Husband*

CAUSES OF DEATH

132

Primary *Infected a cyst* How long *6 mos.*

Immediate *Ovarian Abscess* How long *1 mo.*

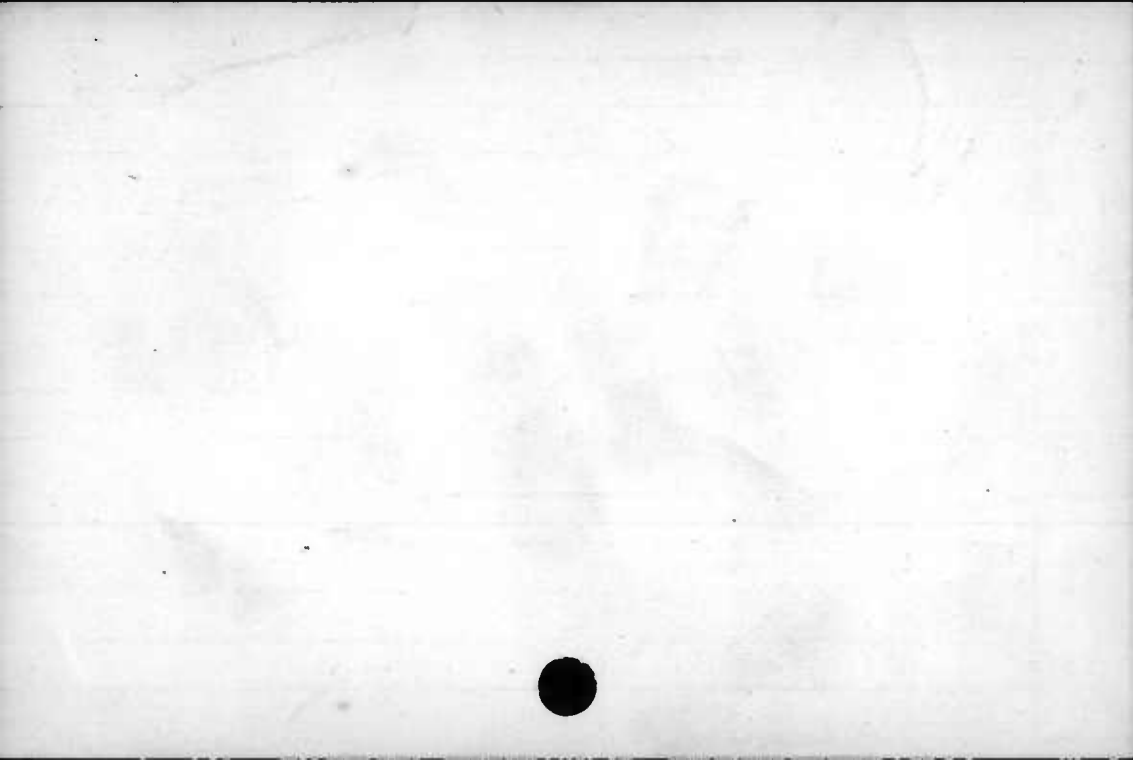
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *H. R. Boyer, M.D.*

Address *Accident, Md*

Accident or Suicide?

Sang Rum

Name in Full		Town				County		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at		Cecil		Garrett		MARYLAND					
		Date of death		1907	Month Sep	Day 4	Age Years	-	Months	6	Days		
		Sex		Female		Color or Race		white		Birth- place		Unknown	
		Occupation				Unpaid				Where Residing if not at place of death			
		Married, Single or Widowed				Name of Wife or Husband							
PHYSICIAN OR CORONER		Father's Name				Jerry Trout				Father's Birthplace		Wood	
		Mother's Maiden Name				Unknown				Mother's Birthplace		Unknown	
		Name of person giving In formation								How related to deceased			
CAUSES OF DEATH													
PHYSICIAN OR CORONER		Primary				E. Magnus				How long		Acute	
		Immediate				Exhaustion				How long		Few days	
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician				Address		Deceased	
		Accident or Suicide?										md	



Name in Full John. W. Van Sickle		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at White Rock <small>Town</small>		Garrett <small>County</small>
	Date of death 1907 <small>Month</small> Sept <small>Day</small> 30		8 <small>Months</small> — <small>Years</small> — <small>Days</small>
	Sex Male	Color or Race White	Birth-place Maryland
	Occupation —		Where Residing if not at place of death —
	Married, Single or Widowed Single	Name of Wife or Husband —	
	Father's Name George Van Sickle	Father's Birthplace Ind.	
Mother's Maiden Name Bordilob Kelley	Mother's Birthplace Ind.		
Name of person giving information George Van Sickle	How related to deceased Father		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Cholera Infantum		How long —
	Immediate —		How long —
	Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician A. J. Mason M.D.	
	—	Address Friendsville Ind.	
	Accident or Suicide? —	—	

Blooming Rose